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Trauma-Informed Approaches and Ecological Theory: Intervening with Families Experiencing Domestic Violence

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Trauma-Informed Approaches and Ecological Theory: Intervening with Families Experiencing

Domestic Violence

by

Jeannette Baca

A Banded Dissertation in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Social Work

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School of Social Work

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Abstract

This Banded Dissertation consists of three products connected through a focus on trauma-informed approaches directed at families impacted by domestic violence. In this dissertation a trauma-informed perspective is integrated with ecological theory as a framework to further understand trauma experiences while attending to the uniqueness of individual survivors and their children. This framework generates a foundation for application of supportive interventions for domestic violence survivors and their children, while at the same time maintaining awareness of the survivors as individuals, as families, and as members of their community.

Product One is a conceptual analysis examining the integration of trauma-informed practices with ecological theory for interventions supporting domestic violence survivors and their children. This conceptual analysis is offered as a way to consider the impact of trauma within the domestic violence survivors' environment (and that of their children) while simultaneously providing interventions to support their capacity for healing within safe and trauma-informed backdrop.

Product Two is a systematic review of interventions directed at domestic violence survivors and their children. This review is an exploration of current research on trauma-informed, family-centered interventions for domestic violence survivors and their children. Drawing from 13 studies, this review highlights six distinct interventions and details trauma-informed practices such as attention to trauma, creation of a safe environment, peer support opportunities, organizational staff support, and client respect and self-determination.

Product Three is a presentation on trauma-informed approaches and highlights trauma-informed practices occurring in New Mexico at three pilot projects initiated through the New Mexico Coalition Against Domestic Violence. Domestic violence survivors and their children

deserve high quality services that specifically address trauma experiences that may have impacted their parent-child relationship. Offering this presentation at a statewide conference gave attendees an idea of trauma-informed practices currently available to families.

This Banded Dissertation explores trauma-informed interventions for domestic violence survivors and their children. The author's personal commitment to building capacity for children and families in domestic violence programs throughout New Mexico guided the extensive search for family-centered, trauma-informed interventions and provided a foundation for a conceptual framework. Domestic violence survivors and their children benefit from interventions that integrate both ecological theory and trauma-informed interventions.

Keywords: trauma-informed, ecological theory, domestic violence, interventions

Dedication

For the amazing survivors and families with whom I have worked. Thank you for trusting me with your stories and allowing me to be a humble witness to your healing. Your incredible strength and resiliency is what led me down this path, and I will be forever grateful.

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Continuing my education would not have been possible without the unwavering encouragement of some remarkable people: my family, my friends, “co-heart 3”, my roomies, the supportive folks at the New Mexico Coalition Against Domestic Violence, Susan, and my colleagues at New Mexico Highlands University Facundo Valdez School of Social Work, especially, Dr. Jane Gorman for her kindness, wisdom, and direction.

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Trauma-Informed Approaches and Ecological Theory: Intervening with Families Experiencing Domestic Violence

Domestic violence affects many families and has grown to be such a challenging social problem that the social work field has prioritized it by making it one of the Grand Challenges (American Academy of Social Workers and Social Welfare, 2016). Social workers benefit from practice informed research to further understand and enhance their intervention strategies with individuals, families, and communities experiencing domestic violence. Implementing trauma-informed approaches within the context of ecological theory helps social workers support domestic violence survivors and their children as the families build their capacity for healing and moving forward, beyond the violence.

Domestic violence impacts approximately 13 to 15 million children each year in the United States (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). Children are directly victimized through witnessing and observing domestic violence between their parents, caregivers, or other family members and are left to deal with the consequences of the abuse and their own physical injuries (McClennen, 2016). Domestic violence is generally described as the exertion of power and control over one's partner through use of abuse tactics such as physical, psychological, emotional, financial, or sexual violence. Domestic violence also impacts the relationships between children and their parents, often undermining the parenting of domestic violence survivors. Interventions designed to support healing and build resilience for domestic violence survivors and their children is integral to ending the intergenerational pattern of family violence (Blumenfeld, 2015; Lieberman, Ghosh Ippen, & Van Horn, 2015; Van Horn, 2008).

An integrated use of ecological theory and trauma-informed perspective can build a foundation for a variety of interventions. Trauma-informed perspective is recognized as a

conceptual understanding of traumatic experiences within the context of interventions provided by knowledgeable service providers who understand how trauma impacts individuals, families, and communities in a multitude of ways (Wilson, Pence & Conradi, 2013). The trauma-informed perspective was developed by Falloot and Harris (2001) and further elaborated on by Substance Abuse and Mental Health Services Administration (2014). It encourages treatment without re-victimization of the domestic violence survivor while supporting choices offered throughout the service process. The basic concepts of trauma-informed perspective are safety, trustworthiness and transparency of the service provider, peer support, collaboration and mutuality, empowerment of the survivor, voice and choice of the survivor, and attention to the cultural, historical and gender issues (SAMHSA, 2014; Falloot & Harris, 2009; Falloot & Harris, 2001). These concepts closely align with social work values and National Association of Social Workers' Code of Ethics and build a scaffold for interventions that may be used with domestic violence survivors and their children (NASW, 2008).

Ecological theory further enhances a trauma-informed perspective by providing a framework for viewing the complexity of domestic violence. Bronfenbrenner (1979) describes ecological theory as a framework for understanding the connections and relationships between individuals and their environment. These connections further the understanding of the environmental and reciprocal relationship factors that contribute to domestic violence and are key to effective interventions (Gitterman & Germain, 2008). Ecological theory is viewed as an optimal framework for family-focused interventions (Little & Kantor, 2002).

This Banded Dissertation contains three products related through an overarching theme of trauma-informed approaches for working with survivors and children impacted by domestic violence. Product One is a conceptual analysis that examines the integration of trauma-informed

perspective with ecological theory to better implement interventions for domestic violence survivors and their children. The second product is a systematic review of the current research of interventions directed at both domestic violence survivors and their children. Product Three describes a presentation given to a statewide audience regarding trauma-informed approaches and highlighting pilot projects occurring in New Mexico. These products lay the foundation for future scholarship for this author regarding trauma-informed interventions for domestic violence survivors and their children.

Conceptual Framework

The conceptual framework guiding this Banded Dissertation is an integration of trauma-informed perspective and ecological theory. Addressing the complexity of domestic violence requires a holistic perspective to construct concepts, synthesize information, and assess current research (Davies & Lyon, 2014; Lockhart & Danis, 2010; McClennen, 2010). Trauma-informed perspective and ecological theory provide a lens through which to further understand domestic violence and interventions directed towards survivors and their children as a unit.

Domestic violence is a social problem that impacts individuals, families, and communities. It occurs between individuals (connected through relationships), relationships (that exist within family systems), families (that live in communities), and communities (that exist in society). Conceptualizing the needs of domestic violence survivors and their children through an ecological framework provides an opportunity to assess the impact of family violence on the individual while viewing that individual within their multiple systems (Gitterman & Germain, 2008).

Ecological theory is defined as a framework that structures and describes the connections and relationships between people and their environment (Bronfenbrenner, 1979). Social

problems and their solutions can be examined and understood through the ecological model (Sheafor, Horejsi, & Horejsi, 2015; Gitterman & Germain, 2008)). Considering that family violence occurs within the family system, ecological theory helps illustrate the complexity of the impact violence has on the family's capacities and interactions. Gitterman and Germain (2008) include the concept of person-in-environment as part of the ecological perspective. They emphasize the interdependence between individuals and the individual's existence within different systems. Ecological theory is a recognized framework to conceptualize prevention and stop family violence before it begins (Dahlberg & Krug, 2002). Therefore, using trauma-informed perspective with ecological theory creates opportunities to direct interventions within multiple systems that survivors exist and heal within.

Trauma-informed perspective includes first an understanding of trauma, whether it be a single incident, multiple incidences, or lifelong circumstances, and then an understanding of interventions that demonstrate the impact of that knowledge, creating an environment of safety and support. Trauma-informed perspective mitigates potentially re-traumatizing experiences for the trauma survivor and attends to the potential vicarious trauma of the social worker providing services (Fallot & Harris, 2001). This perspective is now part of social work's professional language and it is aligned with social work's focus on strengths and resiliency while recognizing domestic violence survivors and their children's capacity to heal (Hepworth, Rooney, Rooney & Strom-Gottfried, 2013).

Domestic violence survivors and their children need intervention strategies designed for healing and supporting resiliency. Providing comprehensive interventions that occur for both the domestic violence survivor and their children aligns with the foundational concepts of ecological theory. The impact domestic violence has on survivors and their children affects all aspects of

their lives (Webb, 2016). Emphasizing trauma-informed perspective builds on supporting the person-in-environment concept while engaging survivors and their children simultaneously maximizes healing and encourages resiliency.

Summary of Banded Dissertation Products

This banded dissertation consists of three distinct products focused on a trauma-informed perspective integrated with ecological theory including a conceptual analysis, a systematic review, and a presentation. Banded Dissertation Product One centers around trauma-informed, family-focused interventions specific to domestic violence survivors and their children. Trauma-informed approaches and ecological theory are utilized as a conceptual framework to enhance and clarify the potential benefits of interventions for families who have experienced domestic violence. Domestic violence and trauma-informed research has grown over the last 30 years and continues to expand (Kimball, 2016; Warshaw, Sullivan, & Rivera, 2013; SAMHSA, 2014). Integrating it with ecological theory allows for consideration of interventions within the micro, mezzo, and macro scopes of social work practice. Attention is given to organizational paradigm shift, support for domestic violence advocates, and family-centered activities.

Combining ecological theory and trauma-informed perspective provides a framework and knowledge base for applying specific interventions. Ecological theory is a widely recognized social work framework and trauma-informed perspective has become part of the social work vocabulary when addressing trauma. A thorough understanding of how trauma impacts individuals, children, families, and communities builds awareness and promotes the use of interventions most conducive to supporting domestic violence survivors and their children. Trauma-informed perspective is easily integrated into other frameworks like ecological theory, as well as therapeutic modalities to strengthen services for survivors and their children.

Product Two for this banded dissertation is a systematic review of trauma-informed interventions specific to domestic violence survivors and their children. Banded Dissertation Product Two utilizes the conceptual framework of trauma-informed perspective and ecological theory outlined in Banded Dissertation Product One. This systematic review explores trauma-informed, family-focused interventions available within the current research regarding working with domestic violence survivors and their children. The research was guided by the following questions: 1) within the current literature addressing domestic violence interventions directed at survivors and their children, what are the specific intervention components and 2) to what extent are trauma-informed practices included in the studies. Answering these questions is the basis of this author's endeavor to build a foundation for understanding current practices and determining the need, if any, for further research on family-centered, trauma-informed interventions.

The exploratory systematic review was guided by components of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist (Moher, Liberatic, Tetzlaff, & Altman, 2009) and Petticrew and Roberts (2006). Digital library databases were searched, articles were collected, and qualitative analysis was applied to identify themes and determine specific trauma-informed, family-centered interventions. Themes that developed during the analysis included the following: attention to trauma, safe environment, peer support, organizational staff support, and client respect and self-determination. Domestic violence programs operate under many different models, using various frameworks, and provide a variety of interventions to domestic violence survivors and their children. Having an awareness and understanding of the trauma-informed, family-centered interventions can begin to inform best practices for domestic violence programming.

Banded Dissertation Product Three is a professional conference presentation. The

presentation addressed trauma-informed, family-focused strategies for domestic violence programs in New Mexico. The presentation was held at the 2018 New Mexico Crime Victims Reparation Commission's (NM CVRC) annual Advocacy in Action (AIA) conference. The 23rd annual NMCVRC AIA conference took place in Bernalillo, NM at the Hyatt Tamaya Resort. The presentation, entitled "Building Capacity to Serve Children Impacted by Trauma" occurred on Wednesday, March 14th at 1 pm.

The presentation highlighted the trauma-informed, family-centered training and technical assistance this author provides to the New Mexico Coalition Against Domestic Violence (NMCADV) and the children's capacity building pilot project programs. This author facilitated the presentation introduction and gave an overview of trauma-informed, family-centered interventions with contributions from the NMCADV Special Projects Coordinator and three members of the pilot programs' staff. Each pilot program shared the unique ways in which they have integrated trauma-informed, family-centered services into their domestic violence programs. New Mexico struggles with higher than average domestic violence rates and intervening with survivors and their children is an important part of preventing future domestic violence (Caponera, 2017).

Discussion

This Banded Dissertation set out to consider a framework to further understand how best to support domestic violence survivors and their children. Using ecological theory, with its emphasis on person-in-environment and trauma-informed perspective, creates a foundation for service delivery and interventions directed at the unique needs of families experiencing violence, with specific attention given to their trauma experiences. Integrating a trauma-informed perspective within the ecological theory allows for consideration of interventions that best

support the individual survivor, as well as their children. Ecological theory brings attention to the multiplicity of systems in which domestic violence survivors and their children experience trauma and subsequent healing.

The conceptual analysis of utilizing ecological theory with a trauma-informed perspective is supported within the literature as a framework to implement services and interventions for domestic violence survivors and their children. Trauma-informed perspective includes a client-centered, relational approach in working with individuals and families. Including innovative approaches that are culturally relevant for supporting survivors and their children is necessary for meeting their unique needs as individuals, families, and community members.

The findings from the systematic review further emphasized the need for trauma-informed practices within evidence-based interventions that are effective for domestic violence survivors and their children. There are limited approaches that are focused on family-centered interventions. More attention and research is needed that scrutinizes interventions that support the relationship between survivors and their children. Continued review of the literature for new and promising interventions is also needed. Specific implications for social work education and future social work research are elaborated below with an emphasis on exploring direct social work field practice needs.

Implications for Social Work Education

The implications for social work education are considerable as family violence is a critical issue that requires the attention of social workers and social work educators. Social workers encounter family violence throughout their careers, in multiple macro and micro focused practice settings, with a variety of clients who may experience family violence throughout the life span: child maltreatment to dating violence, intimate partner violence to elder abuse, and

animal abuse (McClennen, 2010). Social workers must be educated during both their undergraduate and graduate programs on the impact of family violence including identification, assessment, intervention, and prevention (Spath, 2003). It is also important that social workers be educated and trained to work with a variety of individuals, families, and communities who have experienced trauma even if their setting is not primarily a domestic violence organization (Crabtree-Nelson, Grossman, & Lundy, 2016).

One of the challenges to social work educators is how best to prepare the next generation of social workers in addressing the complexity of family violence within the field. Danis and Lockhart (2003) report that about 55% of social work students are not prepared to work with survivors of family violence. Many social work textbooks lack information on family violence and there is limited information on how best to teach students about family violence (Danis & Lockhart, 2003; Bent-Goodley, 2007). Social work's person-in-environment framework and code of ethics position them to lead in the areas of family violence research, prevention, and intervention (Crabtree-Nelson, Grossman, & Lundy, 2016). Therefore, expanding curriculum to include family violence content and educating social work students about family violence can assist in addressing and intervening in family violence.

Utilizing a trauma-informed perspective is crucial in educating social work students. Studies consistently highlight that social work students have higher rates of trauma than the general population (Agllias, 2012). A significant number of social work students have personal histories of trauma, mental illness, and substance abuse. Instructors of family violence courses may use case studies or film clips as part of the course content and inadvertently cause trauma reminders for students. These experiences may then impact students' ability to engage in a family violence course (Zosky, 2013). It is important that attention be paid to both students' personal

experiences and their academic achievements in family violence courses. Pardeck and Yuen (2006) suggest that social work educators can do more to research “ways to improve the well-being of social work students” (p. 91). Pedagogy, course content, and students’ personal history all may have an impact on successful participation in family violence courses, and thus their understanding and ability to work with family violence survivors in the future.

Implications for Further Research

Further inquiry is needed in social work research to increase knowledge of current trauma-informed interventions focused on domestic violence survivors and their children. The implications for future research are many. Greater attention is needed to address interventions that focus not only on individuals impacted by domestic violence, but that also recognize the need for healing and strengthening the bond between domestic violence survivors and their children. These families need interventions that support them in dealing with violence, interventions that value their strength and resilience, and interventions that are effective and can help guide policies for funding and service provision.

Research is needed to determine the efficacy of specific interventions. Without interventions there is clear evidence in the Adverse Childhood Experiences (ACE) study (CDC, n.d.) of the negative consequences of exposure to domestic violence. Researching trauma-informed interventions for efficacy is a potential next step in meeting the needs of domestic violence survivors and their children, and the community.

While there is some research and focus within the current literature on trauma-informed, domestic violence interventions for adult survivors, there is a need for increased research on evidenced-based, trauma-informed interventions directed towards both domestic violence survivors and their children (Anyikwa, 2016; Warshaw, Sullivan, & Rivera, 2013). Trauma-

informed approaches are evident within the research regarding a wide scope of service systems including: child trauma (Lucio & Nelson, 2016), school programming (Martin, Ashley, White, Axelson, Clark, Burrus, 2017), first responders and child welfare (Ko, Ford, Kassam-Adams, Berkowitz, Wilson, Wong, Brymer, & Layne, 2008), nursing (Boles, 2017), military veterans (Kelly, Boyd, Valente, Czekanski, 2014), and the criminal justice system (Webb, 2016). These interventions may prove to be relevant when working with domestic violence survivors and their children. Integrating trauma-informed family-centered approaches can support the well-being of families (Champine, Matlin, Strambler, & Tebes, 2018). The effectiveness of the interventions can contribute to opportunities to adapt components of the model for use with domestic violence survivors and their children. More in-depth research is both necessary and timely.

The primary focus of the work presented in this banded dissertation is on survivors and their children. Future research is needed that considers implications for safely working with survivors who remain engaged in abusive relationships, as well as determining to what extent interventions might also include offenders. Interventions directed at the entire family system, which includes offenders, might be some important next steps in future research to determine how to support all members of a family experiencing domestic violence.

Additional research is needed that focuses on evidence-based interventions that address the needs of families impacted by domestic violence. It is important that this research include practical interventions that can be delivered by a wide range of service providers in the community, including those who may be referred to as paraprofessionals. The interventions should be disseminated throughout the social work and domestic violence fields in order to assist providers in increasing their knowledge of current trauma-informed practices available to families experiencing domestic violence.

Conclusion

Domestic violence is a growing social problem that causes traumatic impacts on many families and communities. Social workers can support these families' resiliency and healing by understanding trauma-informed approaches and implementing interventions within the context of ecological theory. Practice informed research contributes to social work's knowledge base and can enhance intervention strategies directed at individuals, families, and communities experiencing the trauma of domestic violence. Additional research on how best to intervene with domestic violence survivors and their children is needed now to interrupt the cycle of family violence and make strides towards eliminating it completely.

Strategies that will enhance supportive services for domestic violence and their children can be implemented readily. Including family violence content at both the undergraduate and graduate levels within the social work curriculum will elevate students' awareness and preparation for serving domestic violence survivors and their children. Promoting instructors' knowledge of trauma-informed teaching practices will benefit social work students who have their own personal trauma experiences by mitigating potential classroom trauma reminders, thus supporting successful academic learning opportunities. Encouraging social work students' understanding of family violence strengthens their ability to provide much needed interventions. Families experiencing violence deserve this focus of our attention.

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Utilizing a Trauma-Informed Lens for Domestic Violence Interventions

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Abstract

This conceptual paper synthesizes information from ecological theory and trauma-informed practices to create an overarching framework to support survivors of domestic violence and their children. While considering the impact of trauma within the person or family's environment, these perspectives are integrated into a comprehensive lens to further understand the uniqueness of the individual and family. Integrating ecological theory with a trauma-informed approach generates a cogent base for applying supportive interventions and creating safe and healing environments for domestic violence survivors and their children.

Keywords: trauma-informed, ecological theory, interventions, domestic violence survivors and their children

Utilizing a Trauma-Informed Lens for Domestic Violence Interventions

Domestic violence is a social problem that affects many families. Ending domestic violence is one of the grand challenges for social work (AASWSW, 2016). Social workers require practice informed research to enhance intervention strategies when working with individuals, families, and communities experiencing domestic violence. Domestic violence programs strive to offer quality support to survivors and their children, but often these services are provided separately, and may unintentionally minimize opportunities for healing. Supporting domestic violence survivors and their children necessitates a holistic perspective (Davies & Lyon, 2014; Lockhart & Danis, 2010; McClennen, 2010) to construct concepts, synthesize information, and assess current research. Using ecological theory and trauma-informed perspective provides a comprehensive lens to view domestic violence and to identify supportive interventions focused on domestic violence survivors *and* their children.

In this conceptual paper, the author argues a trauma-informed perspective is important to social work practitioners because it provides a supportive basis for all interventions directed at both survivors of domestic violence and their children. This perspective is relational and can provide support to families to strengthen their bond and enhance both the survivor and their children's coping skills. A trauma-informed perspective has become part of the social work lexicon when addressing trauma. Domestic violence is clearly a traumatic event that impacts the health and wellbeing of survivors and their children (Lockhart & Danis, 2010). A thorough understanding of how trauma impacts children, adults, families, and communities can increase our awareness of how best to support domestic violence survivors and their children. Trauma-informed perspective is not a theory, but rather a perspective that can be easily integrated with other therapeutic modalities to enhance services for domestic violence survivors and their

children.

Conceptualizing domestic violence using an ecological framework is necessary in order to see the impact of family violence on the individual while viewing that individual within their multiple systems (Gitterman & Germain, 2008). Domestic violence occurs between unique individuals, individuals who are connected through relationships, relationships that exist within family systems, families living in communities and communities present in society. Ecological theory is seen as the ideal framework for family-focused, child-centered interventions (Little & Kantor, 2002). Embedding trauma-informed perspective recognizes domestic violence survivors and their children's ability to endure the distress caused by the trauma (Hepworth, Rooney, Rooney & Strom-Gottfried, 2013).

Interventions for domestic violence survivors and their children require a comprehensive focus on strategies within the context of ecological theory along with an emphasis on trauma-informed perspective designed for healing and resiliency. Concentrating on supportive interventions that occur for both the domestic violence survivor and their child(ren) simultaneously aligns with the core concepts of ecological theory. The effect domestic violence has on survivors and their children impacts all aspects of their lives. Some of the impacted areas include physical and mental health, psychological and emotional well-being, relationships within the family unit and with outside support systems, education and economic situation, as well as community involvement or lack thereof (Webb, 2016). Engaging domestic violence survivors and their children individually and collectively maximizes safety and encourages wellbeing for all. It is important for social workers to have an understanding of trauma and how significant a trauma-informed lens is for serving domestic violence survivors and their children. When service providers have a deeper understanding of trauma-informed perspective, the systems of care that

domestic violence survivors utilize will provide them with de-stigmatizing information about trauma, trauma reactions, and how to begin healing (Fallot & Harris, 2009; Fallot & Harris, 2001).

Conceptual Framework

In addition to trauma-informed perspective and ecological theory, the conceptual framework for this paper includes the author's subjective, lived professional experiences working with survivors of domestic violence and sexual assault. Ecological theory and person-in-environment is the foundation of this author's understanding of individuals, families, and communities, while trauma-informed perspective, strengths perspective, and resiliency guide the author's belief in humanity's capacity for change. The author advocates for survivors and their children and is interested in creating collaborative environments where trauma survivors' expertise and choices are valued and supported. Relationships and the interconnectedness of people is the basis of this author's worldview as well as a belief that while people are hurt within relationships, relationships also serve as a primary opportunity for healing from trauma and potential personal growth.

Domestic violence survivors and their children deserve extraordinary support when dealing with trauma and violence. They need effective interventions that value the strengths of their family and can help guide policies for funding and quality service provision. Greater attention is required not only for the individuals impacted by domestic violence, but also for the healing and strengthening of the bonds between domestic violence survivors and their children. Trauma-informed perspective and ecological theory allow for an opportunity to consider interventions that will meet the needs of domestic violence survivors and their children, and the community.

Trauma-Informed Perspective

Trauma-informed perspective is defined as an understanding of the prevalence of traumatic experiences that affect individuals, families, and communities while supporting their resiliency (Wilson, Pence, & Conradi, 2013; Harris and Fallot, 2001). This perspective takes into account the previous interpersonal and community traumatic experiences that may be intergenerational, historical, and cumulative. The perspective also acknowledges that the trauma may be ongoing and impacts all aspects of a system.

Trauma-informed perspective includes a knowledge of trauma and an understanding of interventions that create an environment of safety and support (SAMSHA, 2014). This perspective recognizes that the service providers may also be trauma-survivors. It is important to have awareness that these traumatic experiences may impact their work and their ability to be available to domestic violence survivors and their children. Trauma-informed perspective attends to the potential vicarious trauma and burnout of the social worker providing services and also mitigates potentially re-traumatizing experiences for the survivor (Fallot & Harris, 2001). This perspective is part of the colloquialism of social workers and human service providers. Using trauma-informed perspective with ecological theory creates an opportunity to address the multiple systems trauma survivors exist and heal within.

Ecological Theory

Ecological theory is defined as the framework that structures and describes the connections and relationships between people and their environment (Bronfenbrenner, 1979). Social problems and solutions can be examined and understood through the ecological model (Sheafor, Horejsi, & Horejsi, 2015; Gitterman & Germain, 2008). Considering family violence occurs within the family system, the ecological theory helps illustrate the complexity of the

impact violence has on the family's capacities and interactions. Ecological theory views individuals as holistic beings in ever changing environments (Sheafor, Horejsi, & Horejsi, 2015). Gitterman and Germain (2008) discuss the concept of person in environment as part of the ecological perspective that examines the interdependence on and between the individual and their existence within different systems. Ecological theory is recognized as the framework to conceptualize prevention and stopping family violence before it begins (Dahlberg & Krug, 2002).

Ecological theory takes into account the power and potential of human nature (Bronfenbrenner, 1979). This concept is relevant to understanding the impact of trauma on individuals, families, and communities as well as their resiliency and strengths. By intentionally incorporating trauma-informed perspective within the foundation of ecological theory, social workers are prepared to assess and implement promising interventions for survivors of domestic violence and their children that are grounded in research and best practices.

Literature Review

Children and Domestic Violence

Domestic violence is generally described as the use of abuse tactics within a relationship in order to exert power and control over one's partner. It can take the form of physical, psychological, emotional, financial, or sexual abuse. There are many theories that attempt to understand the prevalence of family violence (Davies & Lyon, 2014; McClennen, 2016). Domestic violence impacts between 13.6 and 15.5 million children each year in the United States (Hambly, Finkelhor, Turner & Omrod, 2011; McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). Children witness domestic violence between their parents, caregivers, or other family members and they are directly victimized by this abuse (McClennen, 2016). Domestic

violence also impacts the relationships between children and their parents (Lieberman, Ghosh Ippen, & Van Horn, 2015).

When children in violent households witness violence directed towards their caregiver by a familiar adult, they can become conflicted and unsure of their safety (Lieberman, Ghosh Ippen, & Van Horn, 2015). Historically, domestic violence services were focused on the survivor with assumptions made by service providers that in helping survivors, their children in turn would be helped. While this is sometimes the case, it is naïve and basically denies the overall trauma of children who experience domestic violence and *their* need for interventions (Peled, 1996). Domestic violence shelters recognize the need for interventions for children and are increasingly aware of the need to heal the rupture between parent and child due to the trauma (Lieberman, Ghosh Ippen, & Van Horn, 2015; Williams, Weil, & Mauney, 1998).

The impact of domestic violence on children is a developing field that needs further research. The current research addresses the harmful effects of domestic violence on children (Kimball, 2016; WHO, 2013; Edleson, 1999) or “one-size-fits-all” interventions that are often school based and focused on dating prevention (Gelles, 2006). Clinical treatment models such as child-parent psychotherapy (Lieberman, Ghosh Ippen, & Van Horn, 2015) for young children has been shown to be effective, but requires clinical implementation. Other interventions are often directed solely at the child (Steele & Malchiodi, 2012) or adult (Curren, 2013) but lacks attention to the parent-child relationship.

The trauma-informed interventions in the current literature focus on adult survivors (Anyikwa, 2016; Warshaw, Sullivan, & Rivera, 2013), while other studies highlight risk and resiliency factors for children (Walsh, 2016; Hines, 2015; Evans, Davies, & DiLillo, 2008). Pathology issues and treatment outcomes for adult survivors are also evident in the research

(Arroyo, Lundahl, Butters, Vanderloo, & Wood, 2017; Messing, Ward-Lasher, Thaller, & Bagwell-Gray, 2015); Anyikwa (2016) details trauma-specific approaches to supporting survivors of intimate partner violence. Increased research is needed to determine whether trauma-informed practices are currently utilized within domestic violence program interventions for children and families.

Multiple studies outline the negative consequences of exposure to domestic violence *without* effective interventions (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, Marks, 1998). Many findings from the research indicate negative consequences for children experiencing domestic violence (Hamby, Finkelhor, Turner, & Ormrod, 2011), for example the landmark Adverse Childhood Experiences (ACE) study (CDC, n.d.; Felitti, et al., 1998). This study shows a significant relationship between a child's exposure to abuse and trauma and eventual health risks as an adult, including disease and death. While this research is significant and valuable, it concentrates on proven negative outcomes for individuals without detailing practical interventions designed to heal the trauma survivors (Aisenberg & Ell, 2005). Further inquiry is needed in the social work field to increase knowledge of current trauma-informed interventions focused on domestic violence survivors and their children.

Domestic violence survivors and their children need interventions that support families dealing with violence within a generational and societal context. Greater attention is needed to incorporate interventions that focus not only on the individuals impacted by domestic violence, but that also consider the child-parent relationship. There is a need for healing and strengthening the relationship between domestic violence survivors and their children. Trauma-informed perspective and ecological theory encourage opportunities to view interventions that will meet the needs of domestic violence survivors, their families, and the community.

Trauma-Informed Perspective

Trauma-informed perspective is neither a theory, nor a therapeutic model. Rather, it is an approach that can be easily integrated into other therapeutic modalities to enhance services for domestic violence survivors and their children. Trauma-informed perspective was first developed by Maxine Harris and Roger Fallot (2001) through their work at Community Connections in Washington, DC and then expanded upon by The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014).

Trauma-informed perspective is recognized as a conceptual understanding of traumatic experiences. The interventions are provided by sensitive and knowledgeable service providers immersed in the understanding of how trauma impacts individuals, families, and communities in a multitude of ways (Wilson, Pence & Conradi, 2013). Trauma-informed perspective encourages treatment without re-victimization of the survivor with attention to choices regarding treatment options offered throughout the service process. The core concepts of trauma-informed perspective include: safety, trustworthiness and transparency of the service provider, peer support, collaboration and mutuality, empowerment of the survivor, voice and choice of the survivor, and attention to the cultural, historical and gender issues (SAMHSA, 2014; Fallot & Harris, 2009; Fallot & Harris, 2001). These concepts align with social work values (NASW, 2008) and translate into the scaffolding for interventions used with domestic violence survivors and their children. Trauma-informed perspective and ecological theory allow for opportunities to utilize interventions that will simultaneously meet the needs of domestic violence survivors and their children, and the community.

Trauma-informed approaches are recognized and utilized in nursing (Boles, 2017), school programs (Martin, Ashley, White, Axelson, Clark, Burrus, 2017), with military veterans (Kelly,

Boyd, Valente, Czekanski, 2014) and human trafficking survivors (O'Connor & Alpert, 2017).

There is a growing body of trauma-informed interventions directed at domestic violence survivors (Warshaw, Sullivan, & Rivera, 2013). Evidence-based trauma-informed interventions are relevant to working with those same survivors, and an examination of the framework on children is both necessary and timely.

Ecological Theory

Ecological theory can be defined as the framework that structures and describes the connections and relationships between people and their environment. Bronfenbrenner (1979) was one of the first to detail human development in connection with the person in their environment. He outlined the micro, mezzo, and macro systems while maintaining that systems are more than just a sum of their parts. Solutions to social problems can be examined and understood through use of the ecological model (Gitterman & Germain, 2008). Ecological theory provides a framework for viewing the complexities of domestic violence. Describing the connections between individuals and their varied environments allows for an understanding of the environmental and reciprocal relationship factors that contribute to domestic violence and are key to effective interventions (Gitterman & Germain, 2008).

Ecological theory is predicated on the person and their environment forming a whole, which is involved in continuous reciprocal transactions (Kilpatrick & Holland, 2009). All individuals, families, and groups are interconnected. They exist within multiple systems whereby a change in one part of a system creates a ripple effect of changes within other systems. All people are multidimensional, complex, and have unique experiences that exist within all the biopsychosocial aspects of being a holistic human (Gitterman & Germain, 2008). People are drawn towards being in relationships, and it is in these relationships that opportunities for

healing and growth occurs. All environments are ever changing and unpredictable, although patterns may develop over time (Forte, 2014). These patterns may create opportunities to see the adaptation of both the person and the environment, even as the environment is created and changed by the very people existing within that environment (Gitterman & Germain, 2008).

Ecological theory helps illustrate the complex impact violence has on a family's capacities and interactions, and is a foundational framework that social workers use to view the person in their environment (Sheafor, Horejsi, & Horejsi, 2015). Little and Kantor (2002) discuss using ecological theory to understand intimate partner violence and child abuse. Individuals and families should be assessed by viewing all the components of their lives rather than by only addressing certain isolated aspects and dimensions of their unique experiences. Ecological theory is structured to focus on all aspects of a person's life and is by definition truly "holistic", looking at the entire person in their environment. Basically, all capacities are addressed, bringing awareness to both strengths and challenges facing families experiencing domestic violence.

Ecological theory addresses aspects of social connections, family relationships, work, education, spiritual involvement, health and wellness. Groves and Gewirtz (2006) recommend using an ecological framework for conceptualizing interventions for children exposed to domestic violence. Ecological theory can also be used to address the issues that arise in cases of community violence. Aisenberg and Ell (2005) suggest a parent and child coping model within an ecological framework for working with families dealing with community violence. Other social-ecological models are being used in communities such as Georgia's public health framework to assess children who are survivors of sexual abuse (Georgia Statewide Human Trafficking Task Force, 2017).

Ecological theory is concerned with the whole experience of the person, therefore it is

necessary that attention is directed at issues of diversity and sensitivity in all interactions with the person. While ecological theory is concerned with the entirety of the person's experience it is also important to understand if an individual, family or group is experiencing oppression or some form of human rights violations. Addressing economic or social inequities is a necessary part of using ecological theory. For social workers, social justice and understanding of diversity are part of the code of ethics that guides professional conduct (NASW, 1999). Social workers who have an appreciation for all aspects of the ecological system are able to engage in effective relational interventions with domestic violence survivors and their children.

Discussion

In the following discussion, the author describes how using a trauma-informed perspective integrated with ecological theory is significant for social work practitioners in order to provide a supportive foundation for interventions directed at both survivors of domestic violence and their children. Social work practice recommendations will be provided and implications for future research and the social work profession discussed. The core concepts of trauma-informed perspective include: safety, trustworthiness, choice, collaboration, and empowerment (SAMHSA, 2014; Fallot & Harris, 2009; Fallot & Harris, 2001). These concepts create the groundwork for intervening with domestic violence survivors and their children. Three specific approaches including family centered interventions, organizational shifting, and supporting advocates are formulated from the integration of ecological theory and trauma-informed perspective when intervening with domestic violence survivors and their children.

Family Centered Interventions

Domestic violence programs provide support to children who enter services with their non-offending parent. Historically, when children entered domestic violence shelters with their

mothers, interventions were often directed towards the mother, the survivor, with assumptions made that there would be a “trickle down” or subsequent support for the child (Groves & Gewirtz, 2006). Not long ago, children were viewed as secondary domestic violence victims, often called witnesses. By providing adult domestic violence survivors with supportive advocacy and counseling, the incorrect assumption was made that the children’s safety and emotional well-being was ensured (Williams, Weil, & Mauney, 1998). On occasion, advocates for survivors were even seen in opposition to services for children of the survivors. We now have a greater understanding of the resulting trauma of domestic violence and the impact domestic violence has on children, as well as the need to provide specialized support for both them and their families.

Children whose treatment included involving the non-offending parent/survivor of domestic violence showed greater improvement than those whose parents were not involved (Graham-Berman, Lynch, Banyard, DeVoe, & Halabu, 2007). Lieberman, Ghosh Ippen, and Van Horn (2015) also underscore the need for treating the child and the parent together as the basis of Child-Parent Psychotherapy. The authors posit that children’s developmental growth is maintained through their relationship with their primary caregiver. When that relationship is undermined by domestic violence, it is crucial that the child’s healing process includes involvement with the non-offending parent/domestic violence survivor (Lieberman, Ghosh Ippen, & Van Horn, 2015).

It is critical that service providers have a thorough understanding of domestic violence, its impact on children, and the impact on the children’s relationship with their parents (Blumenfeld, 2015). When looking at the child-in-the-environment, it is relevant to consider the child’s development, their educational support, their relationship with peers and community members, the child’s experience of their culture, and any historical trauma. Trauma-informed

approaches combined with ecological perspective encourages examination of interventions that address the spectrum of a child's trauma experiences and provides the child and their parent/survivor of domestic violence with de-stigmatizing information and supportive services regarding trauma and healing (Fallot & Harris, 2001). Children benefit when their parent has an understanding of how trauma impacts their development and functioning (Levine, 1997). Social work practitioners can increase their knowledge of trauma-informed, family-centered interventions and implement these with families they work with.

Organizational Paradigm Shift

Changing the ways organizations intervene with families experiencing domestic violence takes a willingness to undergo self-assessment, constructive critique, and direction to modify services (Warshaw, Tinnon, & Cave, 2018). A clear understanding of what services are supportive and which ones may add to the trauma is required to begin assessing the programming. Operationalizing trauma-informed perspective into family-centered domestic violence services can be achieved by building relationships, creating safe environments, improving empowerment, advocacy, crisis, treatment services, and through the inclusion of mental health and substance abuse support services.

Changing how the organization understands the service relationship requires a paradigm shift to truly valuing the voices of domestic violence survivors and their children. Ensuring that domestic violence survivors and their children are provided individualized and family supportive services including advocacy, case management, counseling, life skills, and safety planning is a necessary foundation in addressing domestic violence using a trauma-informed, ecologically based philosophy. Safety and collaborative decision making are aspects of family centered interventions. Safety is always a critical component to any domestic violence interventions.

Survivors and their children benefit from safety planning that recognizes their expertise based on their lived experience. Collaboration with the domestic violence survivors is necessary to ensure that their choices and decisions are front and center during all stages of intervention.

Supporting Advocates

Supporting domestic violence advocates and social workers is in turn also supporting domestic violence survivors and their children. This is key to providing trauma-informed, ecologically based interventions. Domestic violence advocates are hard working, committed, and compassionate workers who experience high rates of vicarious trauma and job turnover. Training quality advocates takes time and resources, so keeping them motivated and successful can help prevent some of the burnout they may experience. Attention to the core values and philosophy of the organization, along with quality reflective supervision and generous benefit packages are a few ways in which organizations can support their employees.

Supporting social workers and advocates who work with domestic violence survivors and their children is an important aspect of trauma-informed perspective. Aiding domestic violence advocates and social workers in understanding how to take care of themselves while simultaneously caring for trauma survivors and their children is the premise of Laura van Dernoot Lipsky's (2009) pinnacle work on trauma stewardship. Attention to self care habits and finding work/life balance can assist social workers and advocates in dealing with stressful work experiences and remaining centered and able to provide the best possible services for domestic violence survivors and their children.

Practice Recommendations

Family violence occurs in multiple systems and is evident throughout the human life span; from child maltreatment to intimate partner violence to elder abuse. It is important that

social workers be trained to work with a variety of individuals, families, and communities impacted by domestic violence (Crabtree-Nelson, Grossman, & Lundy, 2016). Improving domestic violence interventions and services and increasing the general understanding of domestic violence survivors and their children are some significant initial practice recommendations for social work practitioners.

Improving Interventions and Services

Social workers and advocates in domestic violence programs can have the knowledge and skills to implement trauma-informed, family-centered interventions through on-going training and quality supervision. Domestic violence advocates and social workers can assist parents in understanding how domestic violence has impacted their children (Levine, 1997), as well as damaged the parent-child relationship (Lieberman, Ghosh Ippen, & Van Horn, 2015). Social workers and advocates can support domestic violence survivors in how best to understand their child's developmental stages and trauma related behaviors and responses (Blumenfeld, 2015). Social workers and advocates can also support domestic violence survivors in enhancing resiliency in their children, and comforting and engaging their children in activities that can rebuild and enhance their relationship.

Additional ways to improve services for domestic violence survivors and their children is by embracing and enhancing the service relationship between the social worker or advocate and the individual or family or community being provided with the service. Social worker's person-in-environment framework and code of ethics position them to understand survivors of domestic violence and their children. "The premise of starting where the client is and empowering clients...dovetails with the individual needs of domestic violence survivors" (Crabtree-Nelson, et al., 2016, p. 360) and their children.

Responding Effectively to Domestic Violence Survivors and Their Children

Children make up a substantial and important part of the clientele of domestic violence programs. As recognition in the field grows about the extent to which children are adversely affected by exposures to violence, the need to effectively intervene has become more clear (McClennen, 2010). Sufficient evidence exists that children exposed to domestic violence is a major social problem and one that has long-lasting implications. It is crucial that social workers increase their understanding of domestic violence survivors and their children so they are able to respond effectively with appropriate interventions.

Social workers must increase their understanding of children's developmental issues and how trauma impacts healthy development. Children's trauma is exacerbated by violence directed at their parent. Domestic violence undermines the parent-child relationship and can impede the healing process. In responding to the trauma, cultural sensitivity is imperative, as well as a deep understanding of the intersectionality between violence and sexism, racism, classism and other forms of discrimination and oppression. This is why viewing the trauma experiences through both the ecological framework and a trauma-informed perspective supports a holistic healing process for domestic violence survivors *and* their children.

Future Needs in Research and Education

Important research is needed in the developing field of children impacted by domestic violence. A commitment to educating social workers about domestic violence is vital in order to provide quality services for survivors and their children. Further research is needed to examine how trauma-informed, family-centered interventions can aid domestic violence survivors and their children in the healing process. Social workers can then better understand effective interventions for domestic violence survivors and their children by using a trauma-informed lens

and an ecological framework. Social workers must also be mindful in addressing different systems in which trauma occurs *and* in which healing must begin.

Research is needed to address the lack of social work education regarding family violence. Teaching social work students about family violence, trauma-informed perspective and ecological theory through family violence courses and domestic violence content inclusion throughout the curriculum are important components of ending family violence and meeting this grand challenge of social work. Family violence content, case examples, and assignments help ensure that social work students are prepared to meet the needs of future clients who have experienced violence and trauma. Creating opportunities to discuss family violence in social policy, administration, and leadership courses might encourage students to design programs and advocate for social policy changes.

Domestic violence is a critical issue that is recognized as one of the Grand Challenges for Social Work that requires the immediate attention of social workers (Kulkarni, Barth, & Messing, 2016). Social workers encounter trauma and domestic violence in a variety of practice settings. Social workers must be educated on the impact of family violence including an understanding of how ecological theory and trauma-informed perspective can aid in interventions directed at domestic violence survivors and their children. Families experiencing domestic violence deserve the most effective interventions provided with skills, knowledge, and always with great compassion.

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Trauma-Informed, Family-Centered Interventions for Domestic Violence Survivors and
their Children: A Systematic Review

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Abstract

This systematic review explores the current research specific to trauma-informed, family-centered interventions for domestic violence survivors and their children. Domestic violence survivors benefit from joint interventions directed at themselves and their children in order to support their relationship which has been impacted and most often undermined by the domestic violence. This article provides an overview of 13 studies and includes six distinct interventions. Identified interventions most often included parenting groups and parent-child therapy. Attention to trauma, creation of a safe environment, peer support opportunities, organizational staff support, and client respect and self-determination were evident trauma-informed practices.

Keywords: interventions, domestic violence survivors, children, trauma-informed practices

Trauma-Informed, Family-Centered Interventions for Domestic Violence Survivors and their Children: A Systematic Review

Domestic violence survivors and their children are entitled to the most effective interventions when seeking out supportive services. Domestic violence is a social problem that impacts many individuals, families, and communities. Domestic violence is used in this paper to mean intimate partner violence wherein one partner in an intimate relationship uses power over the other partner in order to control the person (McClennen, 2016). Ending domestic violence is a priority for social workers as it is included as one of the Grand Challenges for social work (American Academy of Social Workers and Social Welfare, 2016). Professional social workers also need practice-informed research to enhance their intervention strategies when working with individuals, families, and communities experiencing domestic violence.

Domestic violence organizations provide extensive programming for survivors and their children, but often these interventions are administered individually. The lack of family-centered services may unintentionally minimize opportunities for healing the relationship between the survivor and their children. Supporting domestic violence survivors *and* their children simultaneously necessitates a holistic perspective to adequately identify and provide supportive interventions (Davies & Lyon, 2014; Lockhart & Danis, 2010).

Social workers benefit by having an understanding of trauma and how significant a trauma-informed lens is for serving domestic violence survivors and their children. A trauma-informed perspective can be easily integrated with other therapeutic modalities to enhance wellness and growth through the knowledge of trauma reactions and the healing process (Fallot & Harris, 2009; Fallot & Harris, 2001). When service providers have a broad understanding of a trauma-informed perspective, the systems of care can be more aware of how best to support

domestic violence survivors and their children. Engaging survivors and their children jointly in interventions that are trauma-informed maximizes safety and encourages wellbeing for all.

This paper reports on the outcomes of a systematic review that examines the current research related to trauma-informed, family-centered interventions for domestic violence survivors and their children. The research was guided by the questions: within the current literature addressing domestic violence interventions directed at survivors and their children, what are the specific intervention components? And to what extent are trauma-informed practices included in the studies? Answering these questions is the basis of the authors' endeavor to build a foundation for understanding current practices and determining the need, if any, for further research on family-centered, trauma-informed interventions.

Background

The field of domestic violence and the assessment of interventions directed at families experiencing violence is not new. Nor is a trauma-informed perspective, as it has been easily incorporated into the lexicon of social work terminology. The lens through which domestic violence interventions is understood continues to evolve (Davies & Lyon, 2014). Historically, services were provided to the adult survivor and offender in hopes that in turn the children would be positively impacted through the growth of their parents and caregivers (Peled, 1996). Domestic violence advocates and social workers increasingly see the need for child and family specific interventions that can repair relationship ruptures, strengthen the parent-child connection, and enhance coping skills (Lieberman, Ghosh Ippen, & Van Horn, 2015). Domestic violence programs can better support and instill hope in families experiencing domestic violence through targeted programs provided in a range of settings, and by service providers including experienced advocates and professionals trained in trauma-informed approaches (Hackett,

McWhirther, and Leshner, 2016).

Families Impacted by Domestic Violence

Domestic violence is often described as one partner's intentional use of abusive and coercive tactics within a relationship in order to exert power and control over the other partner (McClennen, 2016). Domestic violence includes multiple forms of physical, psychological, emotional, financial, and/or sexual abuse. It is estimated that one in four women in the United States experiences domestic violence (Center for Disease Control and Prevention, 2016).

Research regarding both pathology and treatment outcomes for domestic violence survivors is evident in the current literature (Arroyo, Lundahl, Butters, Vanderloo, & Wood, 2017; Messing, Ward-Lasher, Thaller, & Bagwell-Gray, 2015; Miller, Howell, & Graham-Bermann, 2014). For example, Trabold, O'Malley, Rizzo, & Russell (2017) detail the benefits of a trauma-informed, community-based brief intervention program for domestic violence survivors.

Children experience direct victimization from domestic violence and also witness violence between their parents or primary caregivers. Statistics show that domestic violence impacts between 13.6 and 15.5 million children annually in the United States (Hambly, Finkelhor, Turner & Omrod, 2011; McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). The number of infants and toddlers exposed to domestic violence may actually be higher considering that domestic violence often begins during pregnancy; young children are at greater risk due to their inability to communicate (McClennen, 2016). Research regarding the impact of domestic violence on children is a growing field that requires additional exploration.

The pivotal Adverse Childhood Experiences (ACE) study (CDC, n.d.; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, Marks, 1998) highlights the connections between exposure to trauma as a child and future health risks including early death. The majority

of research regarding children and domestic violence focuses on potential negative outcomes for children exposed to domestic violence and the risk factors when children lack interventions (Edleson, 1999; Evans, Davies, & DiLillo, 2008; Graham, DeVoe, Mattis, Lynch, & Thomas, 2006; Hamby, Finkelhor, Turner, & Ormrod, 2011; Hines, 2015; Kimball, 2016; World Health Organization, 2012; Felitti, et al, 1998). There are also a number of reviews that focus on children's pathology as a result of exposure to domestic violence (Harold & Seller, 2018; Carpenter & Stacks, 2009). While this research is important, a focus on effective interventions is needed.

Domestic violence has a significant negative impact on the relationship between parents and their children (Blumenfeld, 2015; Lieberman, Ghosh Ippen, & Van Horn, 2015). Children in violent households can become confused and feel unsafe when they witness violence from one parent or caregiver perpetrated on another parent or caregiver. Investigating interventions that are designed to heal the rupture in the parent-child relationship is evident in the research (Aisenberg & Ell, 2005; Groves & Gerwartz, 2006; Lieberman, Ghosh Ippen, & Van Horn, 2015; Williams, Weil, & Mauney, 1998). Clinical treatment models such as child-parent psychotherapy for young children has been shown to be effective in on-going research. Resiliency factors for children and families who have experienced trauma is another area evident in the research (Figley & Burnette, 2017; Lieberman, Ghosh Ippen, & Van Horn, 2015; Walsh, 2016). Resilience and risk for family violence survivors are valuable research areas as they increase the understanding of effective interventions for addressing trauma.

Domestic violence is a traumatic event. The well-being of the survivor and their children can be compromised, and the relationship undermined (Lockhart & Danis, 2010). Service providers can improve responses to survivors and their children by increasing their knowledge

and understanding of how trauma impacts children, adults, families, and communities. Wilson, Fauci, and Goodman (2015) emphasize this in their work detailing, “principles and practices of DV-Specific” trauma-informed practices (p. 593). Integrating a trauma-informed perspective and specific trauma-informed interventions and practices recognizes the significance of the trauma endured by domestic violence survivors and their children as well as their capacity for resiliency, healing, and growth.

Trauma-informed Overview

The original trauma-informed perspective was developed by Fallot and Harris (2001) through their work at Community Connections in Washington, DC and then further expanded upon by The United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA, 2014). SAMHSA (2014) describes trauma responses as the event, it focuses on how the event is experienced, and details how the individual person’s coping is effected. A trauma-informed approach recognizes the unique and individualized responses to traumatic events. It serves as a conceptual understanding of traumatic experiences; including an understanding of interpersonal and community trauma that may be cumulative, intergenerational, and historical. Trauma-informed perspectives also take into account the prevalence of trauma experiences that impact individuals, families, and communities while actively supporting their resiliency (Fallot & Harris, 2001; Wilson, Pence, & Conradi, 2013). Trauma-informed perspectives acknowledge that trauma is often not a one-time event, but instead an ongoing experience that impacts all aspects of a person’s family and community system.

Trauma-informed perspective includes an understanding of the significance of interventions that create an environment of safety and support (SAMHSA, 2014). Trauma-

informed perspectives recognize that service providers often are trauma-survivors themselves, and that their trauma experiences frame the work they engage in, as well as their potential for burnout and vicarious trauma (Fallot & Harris, 2001). The framing concepts of trauma-informed perspective include: safety, trustworthiness and transparency of the service provider, peer support, collaboration and mutuality, survivor empowerment, inclusion of the voice and choice of the survivor, and regard for cultural, historical and gender issues (Fallot & Harris, 2009; Fallot & Harris, 2001; SAMHSA, 2014). This perspective can be integrated with other therapeutic modalities to enhance interventions for domestic violence survivors and their children.

While there is research and focus within the current literature on trauma-informed, domestic violence interventions for adult survivors, there is a need for increased research on evidenced-based, trauma-informed interventions directed towards both domestic violence survivors and their children (Anyikwa, 2016; Warshaw, Sullivan, & Rivera, 2013). Trauma-informed approaches are visible in the literature regarding child trauma (Lucio & Nelson, 2016), school programming (Martin, Ashley, White, Axelson, Clark, Burrus, 2017), first responders and child welfare (Ko, Ford, Kassam-Adams, Berkowitz, Wilson, Wong, Brymer, & Layne, 2008), nursing (Boles, 2017), military veterans (Kelly, Boyd, Valente, Czekanski, 2014), and the criminal justice system (Webb, 2016). Clearly, trauma-informed perspective is growing, as is evident within a wide scope of service systems.

These evidence-based interventions may be relevant to working with domestic violence survivors and their children. Integrating trauma-informed family centered approaches can support the well being of families (Champine, Matlin, Strambler, & Tebes, 2018). Knowing that particular evidence-based interventions are effective contributes to opportunities to adapt components of the model for use with domestic violence survivors and their children. A more in-

depth examination is both necessary and timely.

Joint Interventions for Domestic Violence Survivors and Children

The current literature includes interventions that are directed solely at the child (Hines, 2015; Steele & Malchiodi, 2012) or adult survivors of trauma (Trabold, O'Malley, Rizzo, & Russell, 2017). Warshaw, Sullivan, & Rivera (2013) provide a complete systematic review of promising trauma-focused interventions for adult survivors and Chamberlain (2014) highlights effective interventions for children. Some of the research highlights resiliency and protective factors (Benavides, 2015; Hines, 2015; Walsh, 2016), while others offer specific interventions for children that recommend parenting interventions (Milot, St-Laurent, & Ethier, 2016). For example, Vickerman and Margolin (2007) discuss the benefits of including parenting within cognitive behavioral interventions for children and teens exposed to family violence and diagnosed with posttraumatic stress disorder. Still others are seeking to find best practices for interventions for children by applying an intersectionality framework (Etherington and Baker, 2018).

There is evidence-based programming for survivors and their children within the current literature including some systematic reviews that have begun to build a body of knowledge for interventions for families experiencing domestic violence. For example, Ragavan, Thomas, Medzhitiva, Brewer, Goodman, and Bair-Merritt (2018) reviewed community-based interventions directed at survivors. Hackett, McWhirther, and Leshner (2016) detail a meta-analysis on the efficacy of mental health programs targeting domestic violence victims and their children. Harold and Sellers (2018) give a synopsis of interventions to address improving outcomes for child development when interparental conflict is present. This research is important because it addresses the distress of survivors and their children while additional research that

includes trauma-informed approaches will only further benefit trauma survivors' essential treatment needs.

Integrating family-centered interventions with trauma-informed practices which are specific to domestic violence survivors and their children is significant to providing best practices. Additional research is needed that focuses on evidence-based interventions that address the needs of families impacted by domestic violence and are both family-centered and trauma-informed (Figley & Burnette, 2017). It is important that this inquiry not only include clinical interventions but interventions that can be delivered by a wide range of service providers in the community, including those who may be referred to as paraprofessionals. The interventions should be disseminated throughout the social work field to aid providers in increasing their knowledge of current trauma-informed practices available to families experiencing domestic violence.

Method

Study Design

A systematic review of the current literature was conducted, guided by components of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist (Moher, Liberatic, Tetzlaff, & Altman, 2009). The aim of this review is to provide an overview of the current research on domestic violence interventions directed at both the survivor and their children that includes trauma-informed practices in order to contribute to the professional social work knowledge base. This systematic review also establishes a foundation for further research by the author. Evidence suggests there are benefits in publishing systematic reviews for new researchers as well as those already in the social work field (Crisp, 2015; Pickering & Byrne, 2014). An integrative approach was utilized in order to more fully examine the literature and

include both experimental and non-experimental studies (Whittemore and Knafl, 2005).

Eligibility Criteria

Studies were included that described interventions administered jointly to domestic violence survivors and their children, and that also addressed components of trauma-informed practices as described by Fallot and Harris (2001) and SAMHSA (2014). Eligible studies were found in peer reviewed journals available electronically.

Search Strategy

Eleven electronic databases (PILOTS, ProQuest, PsychINFO, PsychArticles, Social Work Abstract, socIndex, PubMed, Academic Search Premier, EBSCO, Cochrane Library, and Cumulative Index of Nursing and Allied Health Literature (CINAHL)) were used based on relevance to the topic area. The search was conducted during the period from April 2018 through August 2018. Three relevant online resources (The National Child Traumatic Stress Network, the National Center for Domestic Violence, Trauma & Mental Health, and Futures Without Violence) were searched for empirical articles as well. The search included articles published between 2007 to 2018, written in English, and using the following key words: “domestic violence, intimate partner violence, domestic violence survivors, domestic violence survivors AND children, domestic violence survivors AND child witness to domestic violence, OR domestic violence interventions, family-centered interventions, family-centered practices, family-focused interventions, trauma-informed interventions, and trauma-informed practices. See Figure 1. for a visual representation of the search strategy.

The search returned 8,754 articles. Once duplicates were removed, 961 articles’ titles and abstracts were carefully screened to determine inclusion or exclusion criteria. While the majority did not meet the inclusion criteria, given the broad search terms initially used, a total of 42

articles were selected for a more in-depth review. Three additional articles were identified from the review of reference lists of the included articles for a total of 45 articles.

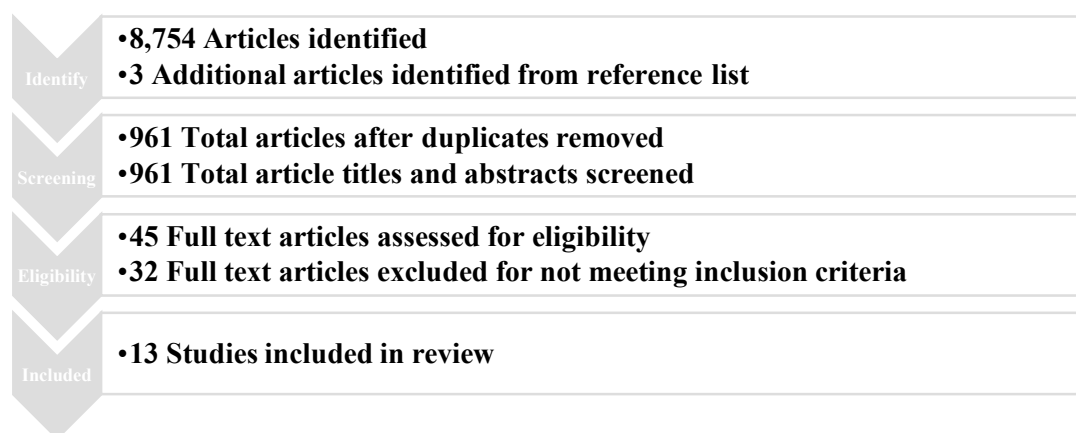


Figure 1: Search Strategy

Study Selection

After the initial review, 45 full text articles were read through twice by the author. Articles had to describe interventions directed at domestic violence survivors *and* their children. Articles that only met part of the inclusion criteria were excluded. For example, two articles were excluded that focused on domestic violence interventions directed at offenders and their children (Kamal, Strand, Jutengren, & Tidefors, 2017; Labarre, Bourassa, Holden, Turcotte, & Letourneau, 2016). Other articles did not meet inclusion criteria for reasons including focus of intervention on the child only, or the parent only, or the intervention was to ameliorate trauma from violence, but did not specify domestic violence. A data collection sheet was utilized to track data abstraction process. The final 13 studies included in the systematic review are shown on Table 1. and in the references (denoted with an asterisk).

Data Analysis

Grounded theory methodology was used to analyze articles included in the systematic review to look for specific interventions and treatment components (Priest, Roberts, Woods,

2002; Strauss & Corbin, 1994). The author used an iterative process for analyzing the articles' text line by line. The articles were then reviewed again using open coding to search for trauma-informed practices and code themes that occurred throughout the data. Then the articles were reviewed again to search for specific trauma-informed practices based on principles identified by SAMHSA (2014) including: attending to trauma experiences, emotional safety, trustworthiness of and support from the intervention staff, peer support and connection with other survivors, collaboration with survivors as the experts, strengths perspective and empowerment of survivors' choices, respect for the identity and unique experiences of survivors including their culture, historical trauma, immigration status, sexual orientation and gender, race and ethnicity, and language and disability (Anyikwa, 2016; Fallot, & Harris, 2009; Warshaw, Sullivan, & Rivera, 2013; Wilson, Fauci, & Goodman, 2015). The codebook was initially developed to guide the data extraction process and was iteratively revised as the articles were read and reread.

Results

The aim of this systematic review is to examine the current research (from 2007 to 2018) related to trauma-informed, family-centered interventions for domestic violence survivors and their children. The research was guided by looking first at the current literature addressing domestic violence interventions directed at survivors and their children, and learning what specific intervention components are being used. The second part of the research sought to find out to what extent are trauma-informed practices included in the studies. The following section provides an overview of the common themes evident in the interventions, with Table 1 providing further details including country of origin, intervention description, evaluation design, and key findings. Next, specific trauma-informed practices based on principles identified by SAMHSA (2014) were used as categories to search the intervention literature. Table 1 also includes

information on trauma-informed components.

Intervention Approaches

There were six distinct interventions described within the final 13 studies. Four articles described Parent-Child Interaction Therapy specific to domestic violence survivors and their children (Borrego, Gutow, Reicher, & Barker, 2008; Keeshin, Oxman, Schindler, & Campbell, 2015; Pearl, 2008; Timmer, Ware, Urquiza, & Zebell, 2010). This manualized intervention program includes individual coaching sessions for the mother followed by mother-child sessions during which the mother utilizes new skills developed during her coaching sessions. Two articles detail child-parent groups in the Netherlands focused on improving the parents' mental health as an important aspect of decreasing children's posttraumatic stress symptoms (Overbeek, deSchipper, Lamers-Winkelmann, & Schuengel, 2014; Overbeek, deSchipper, Willemsen, Lamers-Winkelmann, & Schuengel, 2017). Another two articles discuss programs participating in a multi-site demonstration project to address children's exposure to domestic violence through the U.S. Department of Justice's Safe Start Initiative funded through the Office of Juvenile Justice and Delinquency Prevention (Blodgett, Behan, Erp, Harrington, & Souers, 2008; Schewe, 2008). Three additional articles describe studies involving the Kids Club and the Parent Empowerment community-based intervention program (Basu, Malone, Levendosky, & Dubay, 2009; Graham-Bermann, Banyard, Lynch, DeVoe, & Halabu, 2007; Bermann, Howell, Lilly, & DeVoe, 2011).

Interventions found within the studies include parallel parent and child sessions, simultaneously occurring groups for mothers and children, and family sessions with mothers and children to support relationship skills. The interventions were provided by therapists, clinicians and/or graduate students. Intervention lengths varied with some interventions taking place over 9 weeks, while others lasted longer (Jouriles, McDonald, Rosenfield, Stephens, Corbitt-Shindler,

& Miller, 2009; Overbeek, deSchipper, Lamers-Winkelmann, & Schuengel, 2014; Pearl, 2008).

In the current literature there are minimal interventions specific to domestic violence survivors and their children that include joint parent-child components. The research appears to be generated by a half dozen scholars looking at this specific issue and documenting program evaluations. Additional research is required to further explore the effectiveness of these interventions and to seek out other modified versions of these particular intervention programs. Graham-Bermann, Howell, Lilly, & DeVoe (2011) state that their study is the first “to suggest a process of change by relating improvements in the mother to improvements in her child” (p. 1827). This finding is significant and serves as the foundation for further exploration of best practices for intervening with both adult and child survivors.

Trauma-Informed Approaches

Of the 13 studies researched, all of them gave attention to trauma experiences. Understanding the effects of trauma and traumatic events is the basis of trauma-informed practices. Some themes that developed during the analysis include: attention to trauma, safe environment, peer support, organizational staff support, and client respect, and self-determination. The following themes are noteworthy.

Table 1. Thirteen programs serving domestic violence survivors and their children.

Name of program, country, author, yr.	Intervention descr.	Participants	Evaluation design	Key findings	Trauma-Informed components
En nu ik...! (It's My Turn Now), & Jij Hoort (You Belong), Netherlands, Overbeek, deSchipper, Willemen, Lamers-Winkelmann, & Schuengel, 2017.	Nine – 90 minute group sessions offered simultaneously to parents and children exposed to interparental violence.	134 children (ages 6 – 12) and their caretaking parents (127 mothers & 7 fathers).	Randomized controlled trial, Pre/post tests (baseline, post intervention 1-week, and follow-up 6-months).	Children exposed to high levels of IPV with parents experiencing psychopathology showed greater improvement during and after intervention.	Traumatic experiences, posttraumatic stress symptoms, trauma-specific interventions, and trauma-focused treatment factors.
En nu ik...! (It's My Turn Now), & Jij Hoort (You Belong), Netherlands, Overbeek, deSchipper, Lamers-Winkelmann, & Schuengel, 2014.	Nine – 90 minute group sessions offered simultaneously to parents and children exposed to interparental violence.	155 children and their caretaking parents (148 mothers & 7 fathers).	Randomized controlled trial, Pre/post tests (baseline, post intervention 1-week, and follow-up 6-months).	Children exposed to high levels of IPV with parents experiencing psychopathology showed greater improvement during and after intervention.	Trauma theory, traumatic experiences, posttraumatic stress symptoms, and peer supervision for therapists.
Kids Club & Parenting Empowerment Group, US, Graham-Bermann, Howell, Lilly, & DeVoe, 2011.	10-week curriculum based psychoeducational, intervention groups run simultaneously for children and mothers.	180 children (ages 6 – 12) whose mothers were exposed to domestic violence.	Randomized controlled trial, Pre/post tests (baseline and at 10 weeks post intervention).	The number of sessions attended by both child and mother showed increased child adjustment, improvements in mothers contributed to improvements in children, and children exposed to higher amounts of domestic violence, benefit from increased interventions.	Trauma symptoms, posttraumatic stress.

Kids Club & Parenting Empowerment Group, US, Basu, Malone, Levendosky, & Dubay, 2009.	Followed Graham-Bermann's 10-week curriculum based intervention groups run simultaneously for children and mothers.	36 mothers and 19 children (ages 3-12).	Randomized controlled trial, Pre/post assessments (baseline, post-intervention, 3- and 6-month post-intervention).	Lack of significant differences between those who received the intervention and those who didn't. High rate of attrition due to participation barriers (transportation, session times, and safety concerns).	Trauma, posttraumatic stress, PTSD, trauma symptoms, social support, support group, emotional support, support staff, and women's sense of empowerment.
Kids Club & Parenting Empowerment Group, US, Graham-Bermann, Banyard, Lynch, DeVoe, & Halabu, 2007.	10 week curriculum based intervention groups run simultaneously for children and mothers.	221 mothers and children (ages 6– 2) who were exposed to domestic violence.	Randomized controlled trial, Pre/post tests (baseline, during intervention (three treatment conditions) and follow-up.	Greater success was evident in treatment provided to both children and mothers (improving attitudes and reducing aggression).	Trauma-theories, traumatic stress, child's sense of safety, support for mothers through empowerment.
Parents and Children Together (PACT), US, Becker, Mathis, Mueller, Issari, & Atta, 2008.	12-week community based groups for children and their non-offending parent. Groups offered separately.	106 children (ages 3 – 17) who identified as Asian and Pacific Island Americans.	Archival, pre/post questionnaire, no comparison group	Children and parent's domestic violence skills improved after the intervention	Safety skills, trust building, cultural issues, and cultural component.
Parent-child Interaction Therapy (PCIT), US, Timmer, Ware, Urquiza, & Zebell, 2010.	Two phase treatment. Weekly individual coaching sessions and group therapy sessions for mothers, and child and mother sessions.	129 biological mother-child dyads. (Children's ages 2 – 8).	Pre/post test design with comparison group.	Success in mother's report of effective parenting skills and of reductions in child behavioral problems.	Trauma, posttraumatic stress symptoms, and history of maltreatment.

Parent-child Interaction Therapy (PCIT), US, Borrego, Gutow, Reicher, & Barker, 2008.	Evidenced-based, parent-focused, psychotherapeutic intervention. Weekly individual parent coaching sessions for mothers, and child and mother therapy sessions.	Intervention appropriate for children ages 2 -7.	Non-experimental, descriptive report.	As PCIT has been shown to be effective with many populations/settings and is flexible in its structure, it is proposed that it would be beneficial for domestic violence survivors and their children.	Trauma symptoms and safety issues.
Parent-child Interaction Therapy (PCIT), Pearl, 2008.	21 sessions over 10 months of evidenced-based, parent-focused, psychotherapeutic intervention. Weekly individual parent coaching sessions for mothers, and child and mother therapy sessions.	1 mother-child dyad.	Case study of the mother-child dyad. Multiple measures of pre/post assessments.	PCIT was effective in repairing the mother-child relationship with an immigrant family exposed to domestic violence.	Trauma, posttraumatic stress symptoms, immigrant family, and safety rules.
Parent-child Interaction Therapy (Modified - PCIT), US, Keeshin, Oxman, Schindler, & Campbell, 2015.	Weekly individual coaching sessions and group therapy sessions for mothers, and child and mother sessions.	8 Mother-child dyads.	Case study of the mother-child dyads. Retrospective review of individual and group therapy notes.	Success in supporting mothers in domestic violence shelters to learn and utilize PCIT skills.	Peer support, safety planning, and empowerment.
Project Support, US, Jouriles, McDonald, Rosenfield, Stephens, Corbitt-Shindler, & Miller, 2009	20 home based sessions directed at mothers with family and supportive child mentors.	66 families (children ages 4-9)	Randomized controlled trial (assessments and observational data collected at baseline, 4, 8, 12, 16, 20 month post baseline)	Success in reducing conduct issues for children while mother had success in reducing harsh parenting. Mothers also exhibited decreased psychiatric symptoms.	Trauma symptoms, emotional support for mothers, safety and trust issues, and supervision for therapists.

Safe Start (Chicago), US, Schewe, 2008	A variety of interventions were offered: play therapy, individual therapy, psychoeducation, support groups, multifamily groups, family support, family therapy, case management, and parenting skills.	Nine Study Sites: 372 children and 457 caregivers.	Descriptive program evaluation.	This study show that service providers perceived children and families as improving following the variety of interventions provided by the nine sites.	Trauma, posttraumatic stress, and re-traumatizing.
Safe Start (Spokane), US, Blodgett, Behan, Erp, Harrington, & Souers, 2008.	Crisis outreach using psychological first aid and strategies form the Yale/New Haven Child Development - Community Policing Model.	464 families and 972 children	Non-experimental descriptive report, review of case records	This study confirms the potential effectiveness of crisis response as a domestic violence intervention for families. Crisis intervention referrals from law enforcement may reach families who are outside of traditional systems of care.	Trauma, trauma-focused clinical actions, trauma response, safety planning, and empowerment.

Attention to trauma symptoms.

There are a range of trauma definitions. For the purposes of this review and analysis, the following synthesized definition of trauma by SAMHSA (2014) was used: “trauma results from an event, series of events...experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p.7). All of the articles addressed trauma in some way, along with trauma symptoms, and/or posttraumatic stress symptoms.

Trauma theories were utilized as part of the foundation of the interventions discussed in Kid’s Club and Parenting Empowerment Groups (Basu, Malone, Levendosky, & Dubay, 2009; Graham-Bermann, Howell, Lilly, & DeVoe, 2011; Graham-Bermann, Banyard, Lynch, DeVoe, & Halabu, 2007). *En nu ik...!* (It’s My Turn Now), and *Jij Hoort* (You Belong) emphasized trauma-specific interventions that improved parental psychopathology and in turn decreased children’s levels of posttraumatic stress symptoms (Overbeek et al., 2017, p. 422).

Parent-Child Interaction Therapy (PCIT) is a psychotherapeutic intervention primarily focused on increasing mothers’ capacity to develop parenting skills in order to reduce children’s behavioral issues and thereby decrease stress symptoms experienced by the mothers (Borrego, Gutow, Reicher, & Barker, 2008; Keeshin, Oxman, Schindler, & Campbell, 2015; Pearl, 2008; & Timmer, Ware, Urquiza, & Zebell, 2010). In the articles reviewed, PCIT seemed to be most limited when it came to trauma-informed practices. While the PCIT articles described the collection of abuse and trauma histories, they did not describe any trauma-specific interventions.

Safe environment.

The initial task when intervening with domestic violence survivors and their children is to assess current safety and engage in subsequent safety planning (Groves & Gewirtz, 2006). Safety

planning and awareness of a safe and confidential environment are necessary components for trauma-informed interventions for domestic violence survivors and their children. The reviewed studies emphasized creating safe environments as part of the intervention or prior to initiating the intervention. Crisis intervention as an avenue for initiating safety planning was described by Blodgett, Behan, Erp, Harrington, & Souers (2008). Providing a safe environment for both domestic violence survivors and their children was addressed within the studies.

The Kid's Club curriculum ensured that "early sessions were designed to enhance the child's sense of safety" (Basu, Malone, Levendosky, & Dubay, 2009). Jouriles et al. (2009) also described the importance of providing emotional support to the mothers, as well as building trust with them and addressing any safety issues that arose. Overbeek et al., 2017 detailed how a "predictable structured [program helped] to create a safe environment" (p.415). Safety was also a topic within the PCIT interventions (Borrego, Gutow, Reicher, & Barker, 2008; Keeshin, Oxman, Schindler, & Campbell, 2015; Pearl, 2008; & Timmer, Ware, Urquiza, & Zebell, 2010). One example of this was the establishment of concrete safety rules to guide interactions between the siblings (Pearl, 2008).

Peer support.

Domestic violence survivors and their children often find themselves isolated and lacking support from family and friends. The articles reviewed all contained aspects of both children's groups and parent support groups. Having support from peers can mitigate the experience of isolation and building relationships and connections can be vital to healing trauma.

Groups, and the peer support created in those groups, are reported in the literature as benefitting both adults and children. Basu et al. (2009) suggests that "social support can be a protective factor" (p. 91) that can empower parents to share how the violence impacted their

children and their relationships with their children (Graham-Bermann, Banyard, Lynch, DeVoe, & Halabu, 2007). Helping caregivers focus on the effects of violence on their children, while “building a support system” (Schewe, 2008, p. 45) largely contributed to the caregiver’s improvement. Keeshin, Oxman, Schindler, & Campbell, (2015) also describe how the group sessions provided a safe environment for mothers to learn conflict resolution by addressing situations that arose as a result of communal living in the domestic violence shelter.

Organizational support.

There are two important aspects of staff support that are broadly identified throughout the literature. The first involves program staff supporting survivors and their children, with an emphasis given to the importance of self-determination. Domestic violence survivors’ self-determination is preserved through creating emotional safety and respecting their choices. This practice is briefly addressed in the previous section on safe environments for children and survivors, but is covered more in depth in the following category. The second aspect involves supporting and sustaining a workforce that includes creating a healthy work environment. It is essential that the environment is reflective of the trauma-informed services, organizational policies, self-care, high levels of supervision, and staff training.

There were two articles that specifically addressed supervision practices for therapists administering the interventions (Jouriles, McDonald, Rosenfield, Stephens, Corbitt-Shindler, & Miller, 2009; Overbeek, deSchipper, Lamers-Winkelman, & Schuengel, 2014). In the “En nu ik...! and Jij Hoort erbij” programs, therapists were required to participate in a minimum of three peer support supervision meetings during the provision of nine group sessions for parents and children (Overbeek, deSchipper, Lamers-Winkelman, & Schuengel, 2014). For “Project Support” therapists, weekly group supervision was provided for learning opportunities and for on-going

case review and consultation (Jouriles, McDonald, Rosenfield, Stephens, Corbitt-Shindler, & Miller, 2009).

Leadership, supervision, and staff training are main aspects of quality organizational support. SAMHSA (2014) discusses ten implementation domains for implementing a trauma-informed approach. The domains that address organizational policies, leadership, and training and workforce development provide recommendations for how to ensure trauma-informed organizations support their employees. Berger and Quiros (2014) and Warshaw, Tinnon & Cave (2018) emphasize the necessity of supervision for trauma-informed practices in maintaining a parallel support for the employee who is providing support for the domestic violence survivor and their children. Organizations can institute self-care practices to mitigate the risks for vicarious traumatization but quality supervision and leadership can aid in providing employees with additional supports beyond self-care strategies (Van Dernoot Lipsky, 2009).

Respect and self-determination.

Respect for survivors' experiences and decisions is paramount to providing trauma-informed interventions. Maintaining a client centered focus builds on respect for survivor's self-determination. Building an alliance between the domestic violence survivor and the social worker may enhance the survivor's feelings of competency and empowerment. The two Safe Start programs focus on applying this concept of client self determination. The programs embody the philosophy of supporting clients to "use already-existing coping skills" (Blodgett, Behan, Erp, Harrington, & Souers, 2008, p. 78).

While self-determination is at the core of social work values, there was evidence in the literature that some programs *required* survivor participation (Keeshin, Oxman, Schindler, & Campbell, 2015). Keeshin, Oxman, Schindler, & Campbell (2015) describe one such program

which made the PCIT required for mothers as part of their shelter stay. This required participation may create a no-win situation for a survivor with limited resources who finds herself in a domestic violence shelter. A domestic violence survivor may feel disempowered or disrespected by programmatic components that minimize choice and are unintentionally re-traumatizing.

Discussion

This systematic review of the literature provides an overview of the current literature on domestic violence interventions focused on survivors and their children. The primary goal of this review was to briefly describe the interventions and determine the extent to which trauma-informed practices are evident in the intervention literature. A total of 13 articles describing interventions directed at both domestic violence survivors and their children were included. Interventions were either group based or parent-child focused. The research designs varied, and included everything from quantitative randomized control trials to program descriptions.

The majority of the interventions included parenting groups or some form of parenting skill building for domestic violence survivors. The inclusion of trauma-informed components with evidence-based interventions for domestic violence survivors and their children creates opportunities for best practices. It is the recommendation of this author that additional research examine the potential effects of incorporating a trauma-informed perspective with known interventions as this appears to be missing in the literature. It would also be important to connect with practitioners currently utilizing trauma-informed approaches in order to more thoroughly evaluate the efficacy of diverse intervention models coupled with trauma-informed practices.

Strengths and Limitations

The strength of this systematic review is that it brings attention to the gap in the existing

literature. This author's personal commitment and work with the New Mexico Coalition Against Domestic Violence in building capacity for children and families in domestic violence programs throughout New Mexico is also a strength in guiding the extensive search for family-centered, trauma-informed interventions. This author recognizes several limitations in this systematic review. This review includes only currently published studies. The literature reviewed may not reflect the actual programming occurring in many communities. Innovative programs may be in the development and evaluation stages and may not be widely known and/or may not have published any findings. This may be an opportunity for future researchers to explore. There can also be a disconnect between program evaluations and practices in the field. For example, programs can be stretched for resources and may be using manualized intervention programs without an evaluation tool to track outcomes. Ensuring that programs are establishing outcome measures and consequently reporting on efficacy can bridge that disconnect.

Although many databases were searched and PRISMA guidelines were consulted, it is possible that recent articles may have been missed in the preliminary search. Although a structure for finding, selecting, and analyzing data was utilized, the author was the sole investigator. The rigor may have been enhanced by the inclusion of a second researcher.

Implications for Social Work Research

This review is designed to support researchers in developing future studies as well as designing program evaluations specific to domestic violence interventions grounded in trauma-informed practices. There appears to be a great deal of published research regarding the impact domestic violence has on children, but further investigation of effective interventions is needed. Bringing awareness to this need may instigate further research of both new and previously researched interventions.

Implications for Social Work Practice

This systematic review is designed to support domestic violence programs in easily reviewing interventions designed for survivors and their children with components of trauma-informed practices. The studies included the following interventions: parallel parent and child sessions, groups for mothers and children, and family sessions. The curriculum based interventions included in this review are facilitated by clinicians and graduate students, which was an interesting and unexpected find. This may be a challenge for programs that provide services in rural communities, since they may be without the benefit of clinical staff. Adjusting interventions to allow paraprofessionals or undergraduate social workers to facilitate may help address the lack of available clinicians in these rural communities where interventions are desperately needed.

The reviewed studies showed evidence that the therapists provided appropriate attention to the trauma experiences of survivors and their children. This is consistent with the foundation of trauma-informed practices; understanding the effects of trauma and traumatic events. Specific themes arose from the analysis including: attention to trauma, safe environment, peer support, organizational staff support, and client respect and self-determination. Social workers and clients benefit from having an understanding of trauma and what best supports healing.

Conclusion

Trauma-informed practices can be integrated into other therapeutic and non-therapeutic modalities to enhance interventions directed at domestic violence survivors and their children. Trauma-informed practices can support social workers and mitigate vicarious trauma and burnout. While interventions that engage both the survivor and their children (and are based in trauma-informed practices) can maximize safety, and build natural support systems, they can also

help the survivor feel respected and supported as the expert in what her family needs. There are many opportunities for further development of trauma-informed practices within interventions waiting for practitioners and researchers to evaluate.

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Building Capacity to Serve Children Impacted by Trauma

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Abstract

This presentation provided an overview of trauma-informed perspective as it relates to domestic violence interventions and was prepared as Product Three for this author's Banded Dissertation. The presentation detailed the Children Capacity Building Pilot Project in New Mexico while highlighting three pilot sites engaged in innovative work. The presentation described trauma-informed, family-centered interventions for domestic violence survivors and their children.

Keywords: interventions, domestic violence survivors, children, trauma-informed practices

Building Capacity to Serve Children Impacted by Trauma

This oral presentation was offered at the New Mexico Crime Victims Reparation Commission's 23rd Annual Advocacy in Action conference which took place in Bernalillo, NM at the Hyatt Tamaya Resort. The presentation, entitled "Building Capacity to Serve Children Impacted by Trauma" occurred on Wednesday, March 14th, 2018, at 1 pm. This presentation addressed trauma-informed, family-centered strategies for domestic violence programs in New Mexico.

Domestic violence survivors and their children deserve the most effective interventions when seeking out supportive services. Domestic violence is a prevalent social issue that impacts many individuals, families, and communities in New Mexico. New Mexico currently struggles with higher than average domestic violence rates (Caponera, 2017). Social workers and domestic violence advocates need practice-informed research to enhance their intervention strategies when working with individuals, families, and communities experiencing domestic violence.

Domestic violence programs provide extensive programming for survivors. When services are offered for children, the interventions are often administered individually without attending to the needs of the family. The lack of family-centered services may unintentionally minimize opportunities for healing the relationship between the domestic violence survivor and their children. Engaging survivors and their children jointly in simultaneous interventions that are trauma-informed maximizes safety and supports healing for all.

Integrating family-centered interventions with trauma-informed practices which are specific to domestic violence survivors and their children is significant to providing best practices. Social workers and domestic violence advocates also benefit from having an understanding of trauma. Trauma-informed perspective is growing as a frequently utilized

framework. When service providers have a broad understanding of a trauma-informed perspective, the systems of care in communities can increase awareness of how to best support domestic violence survivors and their children.

Therefore, this presentation sought to deliver information to service providers on improving responses to domestic violence survivors and their children by increasing their knowledge of trauma-informed, family-centered practices. Additionally, this author's prior professional experiences working in the domestic violence field with survivors and their children contributed to the framework of the presentation.

Building Capacity to Serve Children Impacted by Trauma

Welcome!

Panel Introductions

Jeannette Baca – NMCADV & NMHU
Shana Aldahl – NMCADV
Caitlin Harper – Nambé Pueblo
Jessica Pinera – Enlace Comunitario –
Albuquerque
Rachel Cox – Community Against Violence –
Taos

Children's Project History

- History of domestic violence and children's services
- 2014 Collaboration between NMCADV and CYFD and National Center on Domestic Violence, Trauma and Mental Health (NCDVTMH)
- \$350,000 Pilot Project Funding for unique trauma-informed, family-centered programming
- Eight Original Sites: Community Against Violence, COPE, Enlace Comunitario, Family Crisis Center, Grammy's House, Nambé Pueblo, Roberta's Place, & Valencia Shelter Services

Children's Project Vision

- Advocates and counselors working in domestic violence programs are trained to **understand trauma-informed care** and have the **knowledge and skills to implement trauma-informed services**.
- Domestic violence advocates assist non-offending parents in
 - **understanding and promoting resiliency** in their children
 - **understanding how domestic violence may have impacted their children and their relationship with their children**
 - **how to respond to their children's trauma related behaviors**
 - **and how to comfort and engage their children in activities that can rebuild their relationship.**

Children's Project Vision

Strengthen the bond between domestic violence survivors and their children
and...
Enhance coping skills and reduce trauma-related responses in children, birth through 18 years of age.

Children's Project Activities

- Trainings/Conferences
- Peer Support Calls
- Technical Assistance
- Data Collection and Reporting

Peer Support Initiative

- Peer Mentorship/Pairings
- Peer Site Visits
- Technical Assistance and Consultation
- Reciprocal Support
- Resource Sharing
- Collaboration

Annual In-Person Meetings**Innovative Project Highlights**

- Nambe's Project
- Enlace Comunitario
- Community Against Violence

CCBPP – Filming Projects**Thank you!**

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